

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2							52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60		1				
11							61		1				
12							62		1				
13							63		1				
14							64		1				
15							65		1				
16							66		1				
17							67		1				
18							68		1				
19							69		1				
20							70		1				
21							71		1				
22							72		1				
23							73		1				
24							74		1				
25							75		1				
26							76		1				
27							77		1				
28							78		1				
29							79		1				
30							80		1				
31							81		1				
32							82		1				
33							83		1				
34							84		1				
35							85		1				
36							86		1				
37							87		1				
38							88		1				
39							89		1				
40							90		1				
41							91		1				
42							92		1				
43							93		1				
44							94		1				
45							95		1				
46							96		1				
47							97		1				
48							98		1				
49							99		1				
50							100		1				
TOTAL IND.							TOTAL IND.	2					
TOTAL DEP.							TOTAL DEP.	47					
TOTAL CLAIMS							TOTAL CLAIMS	49					